



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Tularemia

County _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Investigation start date: ____/____/____
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ **Vomiting**
☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk
☐ ☐ ☐ ☐ Headache
☐ ☐ ☐ ☐ **Conjunctivitis**
☐ ☐ ☐ ☐ Sore throat or pharyngitis

Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ **Bacteremia**
☐ ☐ ☐ ☐ **Sepsis syndrome**
☐ ☐ ☐ ☐ **Pneumonia or pneumonitis**
X-ray confirmed: ☐ Y ☐ N ☐ DK ☐ NA
☐ ☐ ☐ ☐ **Pleural disease**
☐ ☐ ☐ ☐ **Preauricular lymphadenopathy**
☐ ☐ ☐ ☐ **Regional lymphadenitis**
☐ ☐ ☐ ☐ Cervical lymphadenitis with pharyngitis, stomatitis,
or tonsillitis
☐ ☐ ☐ ☐ **Cutaneous ulcer**

Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

- ☐ ☐ ☐ ☐ ☐ **F. tularensis** fluorescent assay in a clinical specimen (indicates presumptive infection)
☐ ☐ ☐ ☐ ☐ **F. tularensis** antibodies elevated but < 4-fold rise and no prior tularemia vaccination (indicates presumptive infection)
☐ ☐ ☐ ☐ ☐ **F. tularensis** culture (clinical specimen)
☐ ☐ ☐ ☐ ☐ **F. tularensis** antibodies with 4-fold rise (serum pair)
☐ ☐ ☐ ☐ ☐ Animal submitted for tularemia testing
Animal test results:
☐ Positive ☐ Negative ☐ Indeterminate
☐ Not testable ☐ Unk
Lab submitted to: _____

NOTES

INFECTION TIMELINE

Enter onset date (first sx)
in heavy box. Count
backward to determine
probable exposure period

Days from
onset:

Exposure period

-14 -1

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
☐ ☐ ☐ ☐ Employed in laboratory
☐ ☐ ☐ ☐ Exposed to domestic or wild rabbit
☐ ☐ ☐ ☐ Hunted or skinned animals
☐ ☐ ☐ ☐ Wildlife or wild animal exposure
☐ ☐ ☐ ☐ Other exposure to animal or bird
Specify: _____
☐ ☐ ☐ ☐ Work with animals or animal products (e.g.
research, veterinary medicine, slaughterhouse)
Specify animal: _____

☐ **Patient could not be interviewed**

☐ **No risk factors or exposures could be identified**

Y N DK NA

- ☐ ☐ ☐ ☐ Insect or tick bite
☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick
☐ Louse ☐ Other: _____ ☐ Unk
Location of insect or tick exposure
☐ WA county ☐ Other state ☐ Other country
☐ Multiple exposures ☐ Unk
Date: ____/____/____
☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g.
surface, well)
☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers,
pools, wading pools, fountains)
☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn
mowing, gardening, hunting, hiking, camping,
sports, yard work)
☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue
(including ova or semen) in the 30 days before
symptom onset? Date: ____/____/____
Agency and location: _____
Specify type of donation: _____
☐ ☐ ☐ ☐ Potential bioterrorism exposure
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Notify blood or tissue bank
☐ Follow-up/prophylaxis of laboratorians exposed to specimen
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____